

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 267-3816
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INSTRUCTION PACKET FOR ATHLETE AGENT REGISTRATION

Enclosed are the forms for applying for registration as an athlete agent in Wisconsin.

FILING AN APPLICATION – Applicants for registration as an athlete agent must complete an “Application for Athlete Agent Registration” (form #2668). It is preferred that you type or print all information when completing the “Application for Athlete Agent Registration” (form #2668). A complete application includes all applicable supporting documents and fees.

If you have submitted an application for, and hold a certificate of registration or license as, an athlete agent from another state, you may submit a copy of the application and the certificate of registration or license issued by the other state in lieu of this application, provided the application in the other state was submitted no more than 6 months prior to submitting it to the Department of Regulation and Licensing; it contains information substantially similar to information required by this application and the application was signed by you under the penalty of perjury.

Completed applications must be mailed to the address listed above. Applications hand delivered or mailed by special courier must be addressed to the department’s street address: 1400 East Washington Avenue, Room 142, Madison, WI 53703.

FEES: Please include a check or money order made payable to the Department of Regulation and Licensing. The fee for an initial registration will be \$312. The fee for a reciprocal registration will be \$312.

TEMPORARY PERMIT - A temporary certificate of registration shall be issued to an applicant if all of the following conditions are satisfied:

(a) The applicant files a completed application or meets the requirements for application waiver by being credentialed as an athlete agent in another state and submits the required documents to this department.

(b) The applicant pays the fee specified in this application.

(c) The applicant, OR if the applicant’s business is not a corporation, the partners, members, officers, managers, associates, or profit sharers of the business; OR if the applicant is employed by a corporation, the officers and directors of the corporation and any shareholder of the corporation having an interest of 5 percent or more:

1. Has/Have not been convicted of a crime in this or another state and has no criminal charge pending in this state or another state.

2. There has been no administrative or judicial determination that the applicant or any person named above has made a false, misleading, deceptive, or fraudulent representation.

#2667 (9/04)
Ch. 440, Stats.

-OVER-

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

3. There has been no instance in which the conduct of the applicant or any person named above resulted in the imposition of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution.

4. There has been no sanction, suspension, or disciplinary action taken against the applicant or any person named above arising out of occupational or professional conduct.

5. There has been no denial of an application for, suspension or revocation of, or refusal to renew the registration or licensure of the applicant or any person named above, as an athlete agent in any state.

Note - the duration of a temporary certificate of registration shall be until the department makes a final determination on the application for a certificate of registration filed under s. RL 151.02, or six months, whichever occurs first. A temporary certificate of registration shall not be renewed.

VERIFICATION OF REGISTRATION - If you are applying for registration based on licensure from another state, you must complete Section 1 of the Verification of Registration (form #2669) and send the form to the registration agency in the state in which you have ever been licensed as an athlete agent. This form is not required if you are providing the application for licensure from the other state as stated above.

RENEWAL OF LICENSE - All licenses will expire on July 1 of the even-numbered year.

NAME AND ADDRESS CHANGE - You are required by sec. 440.11, Stats. to notify the department of any name or address changes within 30 days. Failure to comply may subject you to a \$50 fine.

WISCONSIN STATUTES AND ADMINISTRATIVE CODE - A copy of the Wisconsin Statutes and Administrative Code Relating to Athlete Agents is available on the web at: <http://drl.wi.gov> or at most public libraries. If you wish to purchase a copy, please submit a check made payable to the Department of Regulation and Licensing for \$5.28 per copy.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR ATHLETE AGENT REGISTRATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The athletic agent license expires on July 1 of the even-numbered year. It may be renewed for a two year period at that time.

QUALIFICATION: Mark an X in ONE space indicating how you qualify:

- ☐ Initial license
☐ Reciprocal/licensed in another state (State) _____ (License #) _____

Application Fees: Please make check payable to the Department of Regulation and Licensing and attach to application.

- ☐ \$312 Initial Credential fee
☐ \$312 Reciprocal Credential fee
☐ Check box if you are applying for a temporary permit

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION:
MARK AN X IN THE APPROPRIATE BOX

If you answer YES to any question, give all details on a separate sheet.

		YES	NO
A.	Have you or any of the persons listed on page 5 ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI) in this or any other state, OR are criminal charges or DWI charges pending against you? <u>If YES, complete and attach Form #2252 with all required documentation.</u>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Has there been any denial of an application for, suspension or revocation of, or refusal to renew, the registration or licensure of the application for you or any of the persons listed on page 5 as an athlete agent.	<input type="checkbox"/>	<input type="checkbox"/>
C.	Has any licensing or credentialing agency ever taken any disciplinary action against you or any of the persons listed on page 5 including but not limited to any warning, reprimand, sanction, suspension, probation, limitation or revocation? If YES attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is disciplinary action pending against you or any of the persons listed on page 5 in any jurisdiction? If YES, attach a sheet providing details about the action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Have you or any of the persons listed on page 5 ever engaged in conduct that resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? If YES, attach a sheet providing explanation signed and dated by the applicant including specific dates and submit copies of all letters of inquiry and resolution.	<input type="checkbox"/>	<input type="checkbox"/>
F.	Have you or any of the persons listed on page 5 ever been the subject of any administrative or judicial determination that the person has made a false, misleading, deceptive or fraudulent representation. If YES, attach a sheet signed and dated by the applicant explaining the circumstances of each incident, a copy of the complaint that states the charges and allegations and a copy of the final judgment that establishes resolution of the charges.	<input type="checkbox"/>	<input type="checkbox"/>
G.	Do you currently hold, or have you or any of the persons listed on page 5 in the past held any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? _____ And if another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect under penalty of perjury. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

 Signature of Applicant

 Date

Wisconsin Department of Regulation & Licensing

APPLICANT'S BUSINESS OR EMPLOYER (If you work alone, list your own name and address.)

Name of Principal Place of Business			
Address of Principal Place of Business			
City	State	Zip Code	Business Telephone Number

☐ I am an employee. Title: _____

Business Structure (check one and submit the disclosure of company owners, partners, officers)

- ☐ Individual Proprietor
- ☐ Corporation
- ☐ Partnership
- ☐ Other (Specify _____)

Wisconsin Department of Regulation & Licensing

PERSONS EMPLOYED OR CONTRACTED

All persons employed or contracted for any consideration paid by the applicant or the applicant's business or employer listed on page 5 who either directly or indirectly, solicits, recruits or recommends student athletes on the applicant's behalf. For each person listed include current addresses, phone numbers and a brief description of the applicant's business relationship with the person, including any compensation arrangements.

Name	Telephone Number
Address	City, State, Zip
Business relationship including compensation arrangements	
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Name	Telephone Number
Address	City, State, Zip
Business relationship including compensation arrangements	
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Name	Telephone Number
Address	City, State, Zip
Business relationship including compensation arrangements	
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Name	Telephone Number
Address	City, State, Zip
Business relationship including compensation arrangements	
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Wisconsin Department of Regulation & Licensing

DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a Company license must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 5% or more of company stock, and any Managers/Associates/Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

_____ Signature of Applicant		_____ Date
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Wisconsin Department of Regulation & Licensing

EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. (Attach additional pages if necessary.)

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

FORMAL TRAINING

Does the applicant have formal training as an athlete agent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was formal training obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
Name of training facility: _____		Location: _____	
Provide a description of the formal training:			

PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was practical experience obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
At what business was practical experience obtained: _____		Location: _____	
Provide a description of the practical experience:			

EDUCATIONAL BACKGROUND

Does the applicant have educational background related to activities as an athlete agent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was educational background obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
Name of educational facility: _____		Location: _____	
Provide a description of the educational background:			

Wisconsin Department of Regulation & Licensing

CREDENTIALS

Has the applicant acted as an athlete agent during the five (5) years prior to this application?

☐ Yes

☐ No

If yes, provide the name, sport and last known team for each individual for whom you acted as an athlete agent during the 5 years prior to submitting this application. (Attach additional sheets if necessary.)

Athlete name _____
Sport _____ Last known team _____

Athlete name _____
Sport _____ Last known team _____

Athlete name _____
Sport _____ Last known team _____

Athlete name _____
Sport _____ Last known team _____

Athlete name _____
Sport _____ Last known team _____

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth

month day year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
____ month ____ day ____ year	____-____-____

Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
☐ Hispanic ☐ Other

- List all other names used: _____
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____ Signature	_____ Date
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Signed and sworn before me this _____ day of _____, 20 _____.

_____ Signature of Notary Public	_____ Date
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My commission (is permanent) _____ expires _____.

SEAL

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

VERIFICATION OF ATHLETE AGENT REGISTRATION

SECTION I - Applicant is to complete this section and forward form to registration agency that is to complete Section II. Please print or type all information.

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Type of Credential: _____

Original State of Licensure: _____ Credential Number: _____

SECTION II - The Registration Agency is to complete Section II and return this form to the Department of Regulation and Licensing.

A. The above-named individual was registered as an athlete agent:

credential/license number

date issued

valid until

B. Has the applicant been continuously licensed?

☐ Yes

☐ No

If no, please explain.

C. Is there any disciplinary action pending or was any formal disciplinary action ever taken against the above-named individual? Yes _____ No _____ If yes, please provide certified copies of any disciplinary action taken.

COMPLETED BY _____

TITLE _____

STATE _____

DATE _____

(BOARD SEAL)

Wisconsin Department of Regulation & Licensing

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

